DOCUMENT RESUME

ED 151 618 CG 012 196

AUTHOR Feshbach, Seymour; Feshbach, Norma D.
TITLE Public Policy for Children: A Psychological Perspective.
PUB DATE Aug 77
NOTE 21p.; Paper presented at the Annual Convention of the American Psychological Association (San Francisco, California, August 26-30, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Child Advocacy; Child Psychology; Children; *Corporal Punishment; *Day Care Programs; *Professional Services; *Psychologists; *Public Policy; State of the Art Reviews; Symposia

ABSTRACT

The formulation of public policy affecting children requires the participation of a wide spectrum of psychological experts. This should include both investigator and practitioner, since each has something important to contribute to the discussion. The psychologist may contribute to policy analysis and debate in the role of expert or as advocate. It is important to distinguish between these roles, being particularly careful to avoid equating vigor of advocacy with certainty of scientific judgment. It is also important to establish a mechanism by which the view of psychologists can be most effectively formulated and expressed. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED151618

Public Policy for Children: A Psychological Perspective

Seymour Feshbach

Norma Deitch Feshbach

University of California, Los Angeles

Symposium presented at American Psychological Association meeting August, 1977, San Francisco "Public Policy for Children and Families: Who Shall Decide?"

CG 012196

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

S. Feshbach

N. D. Feshbach

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Public Policy for Children: A Psychological Perspective

A marked feature of sociopolitical activity in recent years has been the effort to foster the legal, political, and social-psychological status of various groups that have, historically, been disenfranchised, discriminated against, and denied their legitimate rights. The heightened consciousness regarding blacks, other ethnic minorities, and women has been extended to include children. This increased awareness of children's rights is one factor contributing to contemporary ferment regarding public policies for children (N. Feshbach & S. Feshbach, Note 1). An even more salient factor has been the federal investment in educational, health and welfare programs designed to meet the needs of various groups of children during the past two decades. Further, changes in the social structure such as the increasing proportion of single mothers and women in the labor market have created additional pressures for federal support for early care taking and early educational resources for young children. Psychologists have become centrally involved in these social and educational issues in several different capacities--as developers and as evaluators of programs, as experts testifying on the efficacy of various procedures and programs, and as advocates for children.

However, the entrance of psychologists into the decision making arena of public policy affecting children, despite its

importance and necessity, cannot be described as a harmonious procession. The marchers, to extend the metaphor, are frequently out of step and occasionally even trip each other; some feel they have earned, or perhaps inherited, the prerogative of leading the parade while others are attempting to challenge the self-appointed drum majors and majorettes. Further, there are still many who are not only reluctant to enter the procession but who are engaged in vigorous efforts to discourage others from participation. The conflict, confusion and cacophony that, in our opinion, characterizes our discipline's current posture regarding the role of policy does not serve the best interests of psychology. More important, it does not serve the best interests of children and their families.

It is the thesis of this paper that the formulation of public policy affecting children requires the participation of a wide spectrum of psychological experts. The latter should include both the basic researcher and the applied practitioner, each of whom has something important to contribute to this discussion. Psychologists may contribute to policy analysis and debate in the role of expert or as advocate. We shall consider the importance of distinguishing between these roles, while being particularly careful to avoid equating vigor of advocacy with certainty of scientific judgment. However, it is our contention that in the last analysis, all psychologists working with children have the responsibility of functioning as advocates for children. Both children and the

profession will benefit from this process--children, through the articulation of their needs and efforts in their behalf by professionals, and the latter, through the sharpening of values and the interchange of diverse views that policy analysis entails.

There are many questions that can be raised in regard to the psychologist's role in the area of public policy for children. We shall focus on two issues: the first is addressed to a clarification of roles--of the psychologist as expert, as advocate, and as a participant in policy analysis and policy making. The second is concerned with a consideration of who shall function as an expert and/or as an advocate, and the mechanism by which the views of psychologists can be most effectively formulated and expressed.

The diverse roles that psychologists assume in the public policy process--as experts, as advocates, as policy participants, are all clearly related. Nevertheless, there are important distinctions among them, distinctions that when ignored may confuse the public and create problems for the profession. The role of "expert" is a technical one, drawing upon the specialized training and experiences that define the profession. The psychologist's knowledge of relevant research literature, methodological sophistication and clinical and related competencies, provide the ingredients of his or her "expertise." These skills are used for evaluative purposes when the psychologist is called upon to function in the role of expert. The evaluation may range from appraising the research literature pertinent to some issue affecting

children, and assessing the likely utility of a proposed procedure for achieving a particular behavioral goal, to suggesting a recommended course of action.

The psychologist as advocate, in contrast to the expert role, may be conceptualized as an effort extended by a professional in behalf of particular needs of children or an effort to realize particular values that affect children. While the two roles may overlap in some ways, they differ in several functionally significant respects. The expert, traditionally, is reactive, being typically called upon to render a judgment. The advocate, however, is engaged in the active pursuit or defense of a program believed to be in the interests of children. Thus, psychologists engaged in the effort to eliminate the use of corporal punishment in public schools have sought out opportunities to testify, have disseminated, through articles and public addresses, the arguments against the use of corporal punishment and have promulgated alternative modes of discipline and behavior control (N. Feshbach, et al. Note 2). However, some experts, concerned about the degree of scientific support for alleged deleterious consequences of corporal punishment, have been loath to commit themselves in regard to this issue.

Experts, with some unfortunate exceptions, in general, remain close to the theoretical and empirical bases for their judgments; probabilities and qualifications are attached to their statements. Advocates, while possibly remaining close to their data base, have chosen a course of action. In the expert role, the evidentiary

status of a proposition is primary. In the advocacy role, the needs of children, and other groups as well, assume a higher position in the value hierarchy.

Unfortunately, role behavior in the real world is complex and does not neatly accord with the distinctions that have been made. Some advocates function primarily as experts restricting their advocacy role to a review of the evidence supporting a particular policy position. Some experts may become very active in their opposition to advocacy, so much so that they are essentially functioning as advocates. Thus "experts" who may actively campaign to block the American Psychological Association from taking a position on the use of corporal punishment in the schools are implicitly adopting an advocacy role in support of the status quo. Whether or not their advocacy is based upon the belief that the scientific evidence does not warrant a change in this particular social policy or the belief that the elimination of caning in British schools is a symptom if not the cause of Britain's economic and political decline, the effect is the same: support of current institutional practices in regard to corporal punishment. In brief, we cannot eschew the advocacy role. This is a matter that will be considered again at the conclusion of this paper.

To illustrate further differences between the expert and advocate roles, it is useful to examine these roles in the context of a broad policy issue such as federal subsidy of daycare centers. The adoption of such a program entails a number of considerations--

political, economic, social, educational and psychological; and the policy maker draws upon experts from all of these areas to arrive at a decision. Within the educational-psychological domain, there are a variety of questions concerning which expert evaluations and inferences are pertinent. What are the developmental effects of participation in daycare programs? Are these effects short-lived or enduring? How does such participation by the child affect the family structure, particularly the child's relationship with the other family members? What are the differences in the pattern of the child's development between participation in daycare centers, versus attendance at a home nursery or being raised at home by a single parent who does not work, or being raised in an intact two parent family structure? What are the alternatives for the single parent who must work? What are the psychological effects of not providing daycare on the care giver? These questions are not exhaustive or sufficient. A statement of effects without a specification of conditions is only half an answer; and in this case half may be worse than none. Thus we would want to know whether variations in daycare centers result in substantial differences in developmental outcomes. Can we specify the properties of a quality daycare program and formulate minimal and ideal standards? Are there significant individual differences in the effects of daycare? Can we, or perhaps more to the point, need we identify children for whom daycare is an undesirable alternative? And there are, of course, still other variables, pertaining to personnel

requirements, training, local autonomy, and so on, that need to be evaluated by the psychologist.

In responding to these questions, the expert draws upon two primary sources of data--that provided by research findings and that provided by professional observations. We wish to emphasize the point that the observations gathered in the course of professional experience as well as the observations obtained in the course of scientific studies are relevant to the formulation of expert judgments. In regard to the daycare issue, professional observations may be usefully divided into two sub-sets, those based on the actual involvement in the management of daycare centers and those obtained in the course of clinical practice. As a rule, each of these data sources will be represented by different groups of experts, and while there may be concurrence among all these types of experts, differences in evaluations are much more likely to be the case. For the researcher, the effects and desirability of daycare is an open question to be resolved by the verdict of the findings. The major problem usually confronting these experts is a gap between the available research and the specific question at issue. Unfortunately, definitive studies are rarely at hand, and the scientists' statements concerning the effects of daycare and relevant parameters must be qualified. However, there is striking variation among researchers as to the degree of evidence they may require to make an assertion at a high level of confidence, and as to their willingness to bridge the gap between a modest data base and an important

social judgment. This is not to say that scientists should not proffer evaluations regarding daycare or other issues of moment but in doing so, the cautions and caveats that our limited knowledge occasions should be detailed.

Professional practitioners, in contrast, can be more confident in their assertions inasmuch as their evaluations, while subjective, carry no pretension beyond the range of their ability and experience. They do not speak in the name of Science, a mantle that elicits an aura of impersonal objectivity and established fact. The frame of reference of the professional directly involved in daycare also differs from that of the researcher. The former, in a very real sense, has already made a commitment to propositions regarding which the researcher may be uncertain. Thus, in general, professionals involved in daycare are likely to believe in the positive value of daycare for the young child. If daycare were harmful to children or ineffective, they would presumably be engaged in some other activity. Their concerns are much more likely to be with the type of daycare program and mode of support rather than with the value of daycare as such. The scientist-expert may take the position that individually based professional judgments are an unreliable data source and ought not enter into the decision making process. This is a cavalier, although not uncommon, position in matters regarding children.

The issue of the relative weights of scientific versus other professional judgments in the evaluation of daycare, or Head Start, or parent training, is a complex one that warrants more exhaustive

analysis than the time limits of this paper permit. For our purposes, it is pertinent to note that one important parameter is the adequacy of the research assessment--that is, the validity of the measures, the procedures, the comprehensiveness of the evaluation, the degree of replicability of research findings, the degree of inference required and so on. Another parameter is the extent of professional experience with varying types of daycare models and varying populations.

Judgments from another data source--experience derived from clinical samples are, in this instance, unreliable. An observation that a youngster who attended a daycare center has behavior problems or that some children have emotional disturbances that may be related to daycare placement provides no basis for a generalized judgment about daycare. Moreover, conclusions based on untested clinical theory--e.g., it is harmful to maintain children in day-care centers because they will be deprived of maternal gratification of basic nurturance needs, are no more than speculation and do not carry the same status as research findings or direct daycare observations. It may be noted that the clinician's perspective, qua clinician, no less than the researcher's perspective and the practitioner's perspective, disposes the expert toward a particular judgment. In general, the clinician tends to be disposed toward a negative evaluation, the daycare practitioner toward a positive evaluation, and the researcher toward a skeptical evaluation.

The differing perspectives of the researcher and the practitioner, when taken conjointly, provide a useful balance in the

determination of public policy. A practitioner's commitment toward a particular program can be tempered and balanced by the researcher's systematic evaluation of that program. Conversely, the researcher's evaluation can be tempered and balanced by the clinician's experience. Policy issues in regard to compensatory education are a case in point. The extensive evaluation of federal funding of a number of compensatory education programs has resulted in serious questioning as to whether these funds are accomplishing the objectives for which they were intended, despite the enthusiasm of many practitioners for these programs. At the same time, the experience and perspective of the practitioner has helped temper the negative conclusions drawn by some researchers. For example, practitioners experiences with compensatory educational programs helped balance the sweeping pessimistic generalizations and the unwarranted genetic inferences made by Jensen in his provocative Harvard Review Paper (1969). These latter observations are particularly important to consider in formulating public policy, given the fact that the evaluation data used by Jensen were largely based on programs that took many different forms, had been in effect short periods of time, many for a year or less, and were administered with varying degrees of efficiency and enthusiasm.

In addition, the differing perspectives provided by the researcher and the practitioner have different relationships to the advocacy role. Professional practice implicitly entails a form of advocacy. The professional involved in daycare is an advocate of

daycare for children although possibly not an advocate of federal subsidization of daycare. One might expect then, that practitioners will recognize the need for and participate in child advocacy programs at a much earlier point than the researcher concerned with child development. Thus, it has been the professional practitioners, plus a sprinkling of researchers with professional backgrounds, who have been in the vanguard of the struggle to eliminate corporal punishment in educational institutions, to develop programs to counteract child abuse, to augment mental health research for children, and to expand the scope of daycare and other early childhood facilities. The initial differences in entry in the advocacy role make some tension between the researcher and the practitioner almost inevitable, a tension that becomes exacerbated when a recent arrival to a child advocacy cause becomes a primary spokesperson in policy matters.

The process of advocacy, while a directed effort to change policy, should be distinguished from the more general role that psychologists could play in the formulation and implementation of policy. Policy analysis entails a consideration of alternatives, the potential benefits and costs for each alternative, and their associated probabilities, require specification. Moreover, some quantitative ordering of the costs and benefits, even if only on a nominal scale, is required. The question of who shall assign values to emotional costs, cognitive gains, financial expenditures, material welfare, political liability is a thorny one as is the problem of how it should be done. In essence, the reconciliation

of conflicting values is the core of the political process. Whereas adults may communicate their interests through political actions, children are not a potent constituency. Nor are very young children capable of cognizing their interests. It appears then that children's interests require representation by other groups or individuals. Parents are, of course, the most important of these groups. Professionals constitute another group, their value attributions frequently, but not always, coinciding with those of parents.

The formulation of policy entails still another element that warrants comment, namely the analysis of the forces necessary to bring about and maintain a policy change. Thus, it is insufficient to decide that increased federal support of daycare is desirable and to allocate funds for this purpose if one cannot insure that daycare centers will maintain their vitality and effectiveness. Analogously, one might concur in a policy permitting the use of aversive procedures to modify the behavior of seriously disturbed children engaged in self-destructive actions. However, if one could not control the spread of aversive methods of behavior control to a wider array of children, or the use of these aversive procedures as punishment for deviations from prescribed behaviors, then the adoption of the policy will have proved to have been counterproductive. In short, policy formulation and research entail a comprehensive analysis of options and their consequences. The policy maker should have a systems orientation, sensitive to the

ripples and countercurrents that adoption of a particular policy might initiate. Therefore, policy research, whether carried out by a psychologist or another professional, must be, to quote Etziani (1971), "Inevitably critical."

Advocacy may constitute the outcome of a particular policy analysis but not necessarily. Advocacy can be more fruitfully conceived as the expression of a particular interest group. Since the interest group with which we are concerned consists of children who cannot articulate and act in an organized manner on their interests, we believe that it is entirely proper that psychologists--whether investigators or practitioners, also function in an advocacy role.

Individuals whose profession is intimately linked to children--research scientists, clinicians, educators, pediatricians, probation officers--the list is long and should, of course, include parents--have a special responsibility toward children. Many derive their livelihood from work with children by observing them, writing about them or through lecturing about them; and for this reason, if for no other, have an obligation to represent the best interests of children, however one defines "best interests." In using words such as "obligations" and "responsibility," one runs the risk of appearing moralistic, even patronizing. However, we would suggest that the "ought" implied in these phrases does not derive from the invocation of a "superego"-type structure, but rather is based upon a clarification of the dimensions and ramifications of a professional role that entails involvement with children. There is extant a view of this professional role that

encourages dissociation from involvement in the representing of children's interests and in the real world of policy and politics. However, we are asserting that by virtue of their professional activities in studying and working with children and their families, psychologists have also acquired the role of being one of the spokespersons for children.

At this point, we turn to the second principal issue to which this paper is addressed--namely, the mechanism for participation of psychologists as advocates and as experts in furthering the best interests of children. Another way of phrasing this issue is to ask who shall be the expert and child advocate. There is, of course, the obvious distinction between individuals who speak for themselves and individuals who speak for the profession. Any psychologist can presumably speak for him/herself in support of a value affecting children. The interesting question is how the profession can arrive at agreement regarding evaluation of instrumentalities, and articulation of children's needs, and how it can best represent agreement and differences in views, when the latter exist, as they so often do, in the implementation of public policy for children.

In stating the question in this form, it is clear that we are expressing some dissatisfaction with the current state of affairs with respect to the participation of psychologists in the formulation of public policy that affects children. From our perspective, the role that psychology and psychologists have played in the social policy arena has frequently been idiosyncratic, haphazard, and

often fortuitous. In addition, as has been indicated earlier, participation in the policy process has been characterized by tension between the "experts" and "advocates" and also by ambivalence, especially on the part of scientist experts. Many of the latter often, and appropriately, have serious reservations about extrapolating from available data to complex social propositions. As a consequence, they question the legitimacy of psychologists leaving the world of scientific journals and monographs and engaging in the world of social policy. Other researchers, given the same data base, have no hesitation in asserting "scientific" justification for a major social policy position. Still other researchers, perhaps reluctantly, assume the mantle of social responsibility and act as spokespeople for the scientific professional, with the implicit assumption of the irrelevancy of the wealth of practitioner observations.

As a consequence, when not haphazard, the participation of psychologists in the policy process has been elitist and restrictive. We recognize that scientific issues cannot be resolved by a democratic vote. At the same time, it must also be recognized that consensus among investigators plays an important role in the scientific process of winnowing fact from fiction. In addition, and most important, the current state of knowledge regarding the development of the child allows for very little expression of scientific certainties. Under these circumstances, the judgments of many psychologists, including practitioners, become pertinent.

A mechanism is needed that would facilitate the participation of the psychological community in the policy making process and that would provide a conduit to the policy makers for the transmission of professional judgments regarding policy issues pertaining to children. One of the important consequences of such an endeavor is that differing values, as well as differing interpretations of extant data, would be communicated. Given the state of scientific and clinical knowledge of children and their settings, and the low probability of definitive data in the very near future, values, explicit or implicit, inevitably enter into the evaluation process.

What is required then, is a structure by which all psychologists who deal with children have an opportunity to participate in the policy dialogue. The open workshops on social policy affecting children that were held just prior to the 1977 meetings of the Society for Research in Child Development are an example and a step in the direction we are advocating. However, convention participation is of necessity limited--limited in time and attendance. The Association for the Advancement of Psychology provides a very useful forum for the interchange between psychology and legislatures. Psychologists have input into this interchange through their elected trustees, through volunteer activity and through survey responses. Organization at local levels of psychologists, with feedback of expert judgments and advocacy positions to AAP or a central APA group, would provide the range of views required to arrive at representative judgments. Equally important, it would

offer a mechanism by which psychologists can become involved in the current ferment of policy consideration affecting children.

Division 9 of APA, SPSSI, has organized local chapters that concern themselves with a variety of local and national issues to which psychological knowledge is germane. The SPSSI model can be profitably extended to other divisions of APA that are concerned with children's issues. Each division might appoint a divisional level policy committee or might nominate members to a central APA committee. The function of the APA level committee would be to organize and summarize the statements received from local chapters. The APA committee on children's policy would also distribute to the local committees a set of policy questions for their consideration. The latter, of course, need not restrict themselves solely to the indicated topics but could review other issues that have special local relevance. It is true that these local chapters might be made up of a potpourri of developmental psychologists who call themselves basic scientists, applied researchers, early childhood educators, clinicians, teachers and administrators. However, whether or not the "melting-pot" theory will apply to this mix of populations, they have something to learn from each other, and our thinking and advocacy regarding policies affecting children should be the better for it.

In the last analysis, we are all advocates, either through conscious support of a particular policy or through passive inaction. Inasmuch as we are professionals who, through practice or research, are involved with children, a conscious and shared articulation and formulation of policy issues would seem the appropriate path to pursue.

Reference Notes

1. Feshbach, N. & Feshbach, S. (Eds.), Roles, rights and responsibilities of children: past, present & future. Journal of Social Issues, (in preparation).

2. Feshbach, N. et al. APA Task Force on the rights of children and youth. Report of the American Psychological Association, Washington, D.C., 1977.

References

Etziani, A. Policy research. American Sociologist, 1971, 6,8-12.

Jensen, A.R. How much can we boost IQ and scholastic achievement? Harvard Educational Review, 1969, 39(1), 1-123(b).